

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10781836

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5	/						55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
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31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	2						TOTAL CLAIMS							